Pam Hintz 651.621.8535 - Direct PHintz@otcpas.com



Depend on Our People. Count on Our Advice.SM

June 15, 2017

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 351157, IA, Ellsworth Cooperative Telephone Association Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Secretary Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Ellsworth Cooperative Telephone Association, IA, SAC 351157 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant phintz@otcpas.com

(651) 621-8535

Enclosures

FCC Form 481 - Carrier Arms FLOAGTED - FOR PUBLIC INSPERIOR S6/OMB Control No. 3060-0819 Data Collection Form

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	PAMELA HINTZ
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
	Form Type	54.313 and 54.422

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

ection Form	eporting (voic	,						OM	IB Control No. 3060- 2013	-0986/OMB Control N	o. 3060-0819
Study Area Co	ode				351157						
Study Area Na	ime				ELLSWORTH CO	OOP ASSN					
Program Year					2018						
Contact Name	e - Person USAC	Should contac	t regarding this	s data							
					30>	ext.					
Contact Email	Address - Ema	il Address of pe	erson identified	l in data line <0	30> phintz@otcp	as.com					
For the prior	calendar yea	ar, were there	e any reportal	ole voice serv	ice outages?	No					
<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage	J	
Number	Date	Time	Date	_		Total Number of Customers	Affected	Description (Check	Study Areas	Service Outage Resolution	Preventative Procedures
	Study Area Na Program Year Contact Name Contact Telep Contact Email For the prior <a>> NORS Reference	Contact Telephone Number Contact Email Address - Email For the prior calendar yea <a> <b1> NORS Reference Outage Start</b1>	Study Area Name Program Year Contact Name - Person USAC should contact Contact Telephone Number - Number of person USAC should contact Contact Email Address - Email Address of person the prior calendar year, were there <a>	Study Area Name Program Year Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified For the prior calendar year, were there any reportal <a> <b1> <b2> <b3> NORS</b3></b2></b1>	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0 Contact Email Address - Email Address of person identified in data line <0 For the prior calendar year, were there any reportable voice serv <a> <b1> <b2> <b3> <b4> NORS Reference Outage Start Outage Start Outage End Outage End</b4></b3></b2></b1>	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcp For the prior calendar year, were there any reportable voice service outages? <a> <b1> <b2> <b3> <b4> <c1> </c1></b4></b3></b2></b1> NORS Reference Outage Start Outage Start Outage End Outage End Number of	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? Abl> 	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? Abla	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data PAMELA HINTZ Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? No <b style="#">		

(300) Unfulfilled Service Request Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013					
<010> Study Area Code	351157						
<015> Study Area Name	ELLSWORTH COOP ASSN						
<020> Program Year	2018						
<030> Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ						
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.						
<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com						
<300> Unfulfilled service request (voice)	0						
<310> Detail on attempts (voice)							
Nam	e of Attached Document						
<320> Unfulfilled service request (broadband)	0						
<330> Detail on attempts (broadband)							
	Name of Attached Document						

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should conta	act regarding this data	HINTZ
<035>	Contact Telephone Number - Number of p <030>		5516218535 ext.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line	phintz@otcpas.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or of	telephony service in the prior hyou are designated an ETC for	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed v	oice	0.0
<420>	Complaints per 1000 customers for mobile	voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed b	roadband	0.0
<450>	Complaints per 1000 customers for mobile	e broadband	

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes	
		351157ia510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Sit Rate DACTED - FOR PUBLIC INSECTION

Data Collection FormOMB Control No. 3060-0986/OMB Control No. 3060-0819July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351157ia610.pdf

(700) Price Offerings including Voice Rate Data	FCC Form 481		
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> Study Area Code	351157		
<015> Study Area Name	ELLSWORTH COOP ASSN		
<020> Program Year	2018		
<030> Contact Name - Person USAC should contact regarding this dat	a PAMELA HINTZ		
<035> Contact Telephone Number - Number of person identified in da	ata line <030> 6516218535 ext.		
<039> Contact Email Address - Email Address of person identified in d	ata line <030> phintz@otcpas.com		
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge	017		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
•									
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-									
•					Soo of	tached worksheet			
-					See at	tached worksheet			
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Page 8

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	51157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
(711)	State	Exchange (ILEC)	Residential Rate	State Regulated	Total Rate and Fees	Broadband Service - Download Speed	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached { select }
						(,, ,		ζ= ,	
				0					
			,	- See attacl worksheet -	ned				

(800) Op	erating Companies			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		351157	
<015>	Study Area Name		ELLSWORTH COOP ASSN	
<020>	Program Year		2018	
<030>	Contact Name - Person	USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	phintz@otcpas.com	
<810>	Reporting Carrier	Ellsworth Cooperative Telephone Association		
<811>	Holding Company	Ellsworth Cooperative Telephone Association		
<812>	Operating Company	Ellsworth Cooperative Telephone Association	·	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010> <015> <020> <030> <035> <039> <900>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N) Tribal Land(s) on which ETC Serves	351157 ELLSWORTH COOP ASSN 2018 PAMELA HINTZ 6516218535 ext. phintz@otcpas.com No	
-	Tribal Government Engagement Obligation company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document	
demons	rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable	
<921> <922> <923> <924> <925> <926> <927> <928> <928>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

(1000) Voice and Broadband Service Rate Comparability	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2013	

			July 2013
:010:	State Associate		
<010>	Study Area Code		351157
<015>	Study Area Name		ELLSWORTH COOP ASSN
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <		6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <	<030>	phintz@otcpas.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	35115	57ia1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	35115	7ia1030.pdf
			Name of Attached Document

•	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	351157		
<015>	Study Area Name	ELLSWORTH COOP ASSN		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Number - Number of person identified in data line <03	O> 6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03	0> phintz@otcpas.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	351157ia1210.pdf	Name of Attached Document
			Name of Attached Document
<1220>	Link to Public Website HTTP		
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,]	
<1223>	Additional charges for toll calls, and rates for each such plan.]	

Data Col	rice Cap Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>		phintz@otcpas.com	
	contact Entail / ladi cos Entail / ladi cos or person lacitatica in adda inte losos	* *	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of		
	capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of		
	census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
\2013/	2010 and fatale 1102cm Support certification 47 of N 3 34.313(c)(4)		

(2005) Price Cap	Carrier Additional Documentation	FCC Form 481	
Data Collection F	Form	OMB Control No. 3060-0986/OMB Control No. 3	
Including Rate-of	f-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
Price Ca	p Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification support used to build broadband		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate Of Return Carrier Additional Documentation

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(2222)	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)	_		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	Ye	Yes - Attach Certific	351157ia3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ıment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ıment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	O O	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	• 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports		V	
(3016)	(Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement		V	
(3010)	and Statement of Cash Flows			351157ia3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	0 0	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	iment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
		-

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> phintz@otcpas.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

If yes to 4003A, please provide a response for 4003	В.	
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	351157		
<015>	Study Area Name	ELLSWORTH COOP ASSN		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
	sponsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ion reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an	Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
certify that (Name of Agent) Olsen Thielen is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: Olsen Thielen					
Name of Reporting Carrier: ELLSWORTH COOP ASSN					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/14/2017				
Printed name of Authorized Officer: Joshua Angove					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 5158364431 ext.					
Study Area Code of Reporting Carrier: 351157	Filing Due Date for this form: 07/03/2017				
, ,	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment itle 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Re	porti	ng Carrier
	agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf o ata reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is		
	e of Reporting Carrier: ELLSWORTH COOP ASSN		
Name	e of Authorized Agent Firm: Olsen Thielen		
Signat	ture of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/14/2017
Name	e of Authorized Agent Employee: Tom Campbell		
Title o	or position of Authorized Agent or Employee of Agent Consultant		
Teleph	shone number of Authorized Agent or Employee of Agent: 6516218511 ext.		
Study A	Area Code of Reporting Carrier: 351157 Filing Due Date for this form: 07/03/2017		
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 5 18 of the United States Code, 18 U.S.C. § 1001.	03(b), c	r fine or imprisonment under Title

Attachments

(700) Pri	ce Offerings including Voice Rate Data		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351157	
<015>	Study Area Name	ELLSWORTH COOP ASSN	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs><</bs>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
IA	Ellsworth		MS	18.0	0.0	0.0	0.0	18.0
IA	Garden City		MS	18.0	0.0	0.0	0.0	18.0

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351157
<015>	Study Area Name	ELLSWORTH COOP ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
·	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	IA	Ellsworth	45.0	0.0	45.0	10.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Garden City	45.0	0.0	45.0	10.0	10.0	999999.0	Other, No limit on usage allowance

Page 1 of 2

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

- 1. Ellsworth Coop Assn (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
- 2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
 - a. Modifying or replacing the requesting customers equipment.
 - b. Adjusting network or customer facilities.

3. Service Quality Standards

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

Page 2 of 2

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

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SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Ellsworth Coop Assn has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
 - o A minimum of four hours of battery service in each central office.
 - o A permanently installed power unit in exchanges, or
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On February 14, 2017, the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is \$49.51.3

As required Ellsworth Coop Assn hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$49.51.

³ Id. at 17694, para. 84."

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On February 14, 2017, the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban-rate-survey-data.

As required Ellsworth Coop Assn hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

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SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Terms and Conditions

1. Ellsworth Coop Assn (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone, mobile or broadband service per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone, mobile or broadband service. Lifeline assistance lowers the cost of basic, monthly local telephone or broadband service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP) Medicaid Supplemental Security Income (SSI) Veteran's Pension or Survivor Benefits

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2017 Federal Poverty Guidelines - 135%

Household Size		48 Contiguous States and D.C.
1	\$	16,281
2	•	21,924
3		27,567
4		33,210
5		38,853
6		44,496
7		50,139
8		55,782
For Each Additional Person, Add		5,643

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

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SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Terms and Conditions (Continued)

Lifeline Program Eligibility Information (Continued)

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline, wireless or broadband service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

- The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.
- 3. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
 - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to quality for lifeline and link-up service.
 - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.

Exhibit 1

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Local Residential Service is \$18.00 for all exchanges.

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Ellsworth Coop Assn

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

SAC: 351157 State: IA

Ellsworth Coop Assn

Form 481 Line No. 3017 RUS Annual Report

DOCUMENT REDACTED IN ITS ENTIRETY